

In the name of Allah, the Most Gracious, the Most Merciful



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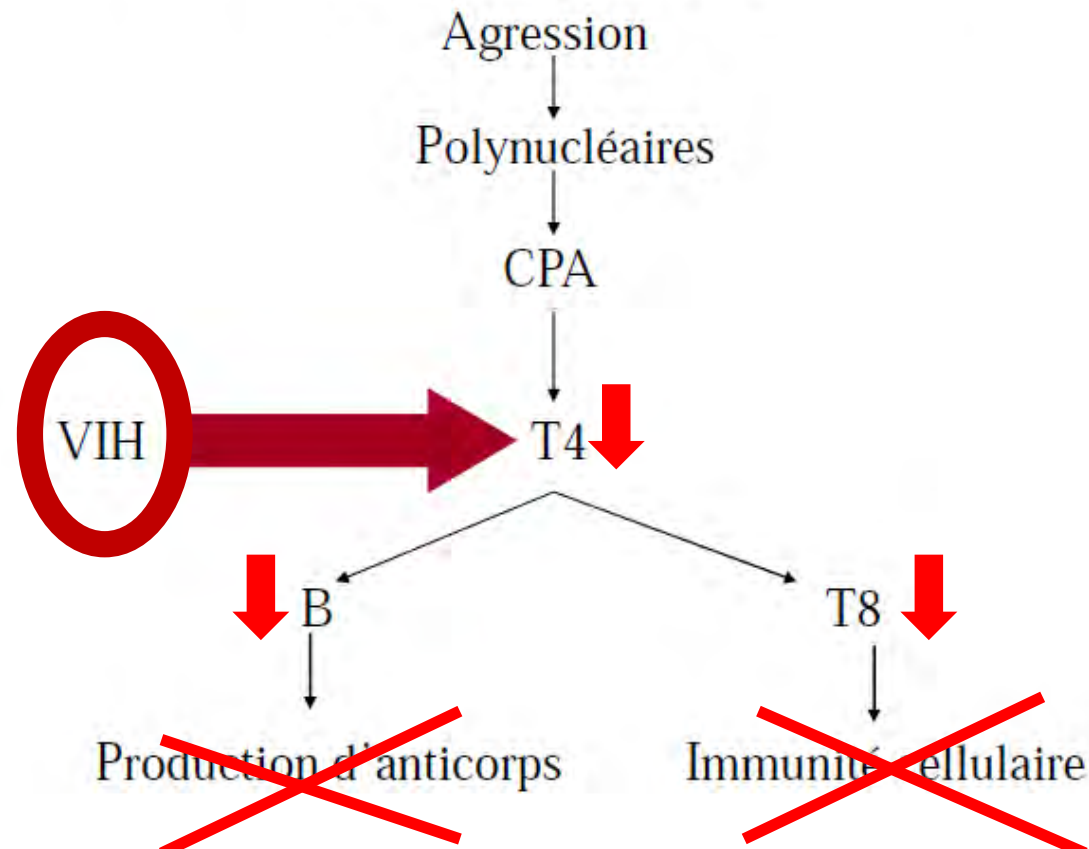
SIDA et parasites

SIDA et champignons microscopiques



Les déficits immunitaires acquis

Infection par le VIH



- Décès par maladies infectieuses dite opportunistes (maladies infectieuses dont notre système de défense nous protège....)
- Pathologie maligne (cancer, lymphome)

S.I.D.A

- Classification CDC
- Parasitoses (pneumocystis, toxoplasme)
- Levures (candida, cryptocoque)
- Viroses (HSV, VZV, CMV)
- Sarcome de Kaposi et autres tumeurs

S.I.D.A définition clinique liée à l'apparition d'une infection opportuniste
Moins de 350 lymphocytes T CD4/mm³. Seuils critiques de 200 et 100/mm³

- **Stade 1**

- Adénopathies persistantes généralisées

- **Stade 2**

- Perte de poids < 10%
- Zona
- Sinusite
- aphtes

- **Stade 3**

- Perte de poids > 10%
- Diarrhée > 1 mois
- Fièvre > 1 mois
- Candidose buccale
- Tuberculose pulmonaire
- Infections bactériennes sévères
- Alitement < 50% de la journée

•Stade 4

- Perte de poids>10%+diarrhée ou fièvre>1mois
- Pneumocystose pulmonaire
- Toxoplasmose cérébrale
- Cryptosporidiose
- Cryptococcose
- Cytomégalovirus
- Herpes cutané-muqueux>1mois ou viscéral
- Leucoencéphalite multifocale progressive ou LEMP
- Mycose endémique histoplasmosis ...
- Candidose œsophage trachée poumon
- Mycobactéries atypique
- Septicémie à salmonelle
- Tuberculose extra pulmonaire
- Lymphome
- Cancer du col utérin
- Sarcome de kaposi
- Encéphalite VIH

Protozoaires opportunistes au cours du sida

**Les infections opportunistes parasitaires et fongiques au cours du SIDA Pr F.BACHI ,
Service Biologie Parasitaire, IPA**

Introduction :

❑ Marqueurs cliniques du déficit immunitaire et diagnostic SIDA.

❑ Contrôle thérapeutique: Arme efficace contre ce syndrome.

Les principales parasitoses et mycoses rencontrées au cours du SIDA sont:

1. **Pneumocystose** : *Pneumocystis jirovecii*.
2. **Cryptococcose** : *Cryptococcus neoformans*.
3. **Candidose** : *Candida*.
4. **Toxoplasmose** : *Toxoplasma gondii*.
5. **Leishmanioses** : *Leishmania*.
6. **Cryptosporidiose** : *Cryptosporidium hominis*.
7. **Microsporidioses** : *Microsporidies*.
8. **Blastocystose** : *Blastocystis hominis*.
9. **Isosporose** : *Isospora belli*...
10. **Anguillulose** : *Strongyloides stercoralis*

11. Penicilliose à *Penicillium marneffe*

Autres mycoses : Histoplasmoses : formes disséminées.

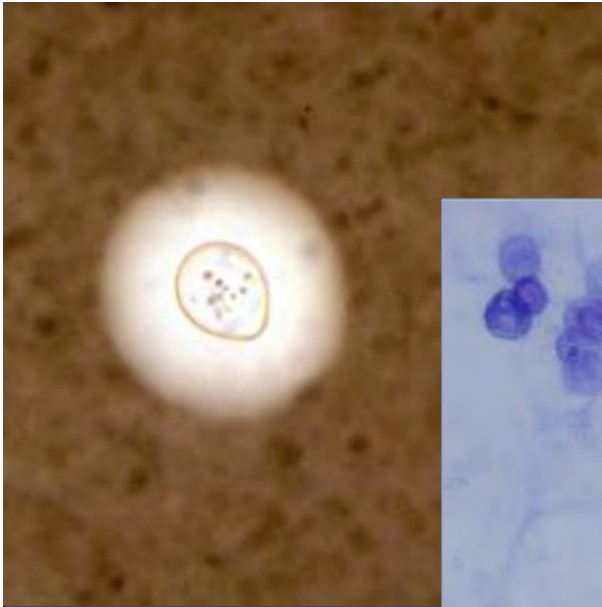
Levures : *Rhodotorula, Trichosporon, Saccharomyces* etc.

Filamenteux : *Mucor, Scedosporium, et*

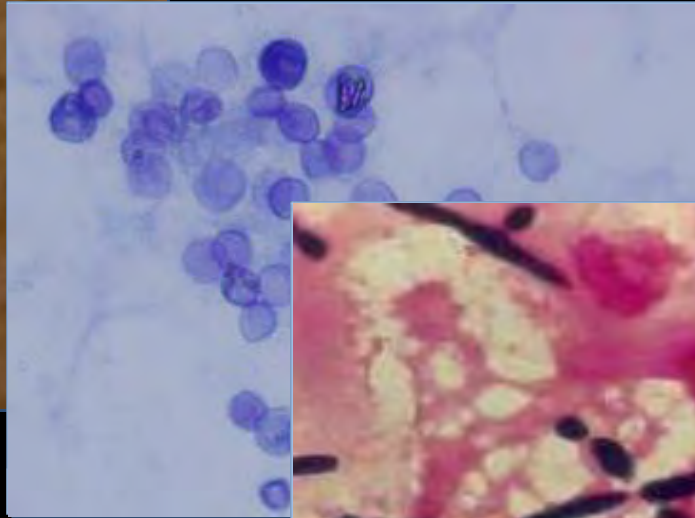
Table 1. Statistics of the 10 most significant invasive fungal infections.

Disease (most common species)	Location	Estimated life-threatening infections/ year at that location*	Mortality rates (% in infected populations)*
Opportunistic invasive mycoses			
Aspergillosis (<i>Aspergillus fumigatus</i>)	Worldwide	>200,000	30–95
Candidiasis (<i>Candida albicans</i>)	Worldwide	>400,000	46–75
Cryptococcosis (<i>Cryptococcus neoformans</i>)	Worldwide	>1,000,000	20–70
Mucormycosis (<i>Rhizopus oryzae</i>)	Worldwide	>10,000	30–90
Pneumocystis (<i>Pneumocystis jirovecii</i>)	Worldwide	>400,000	20–80
Endemic dimorphic mycoses*†			
Blastomycosis (<i>Blastomyces dermatitidis</i>)	Midwestern and Atlantic United States	~3,000	<2–68
Coccidioidomycosis (<i>Coccidioides immitis</i>)	Southwestern United States	~25,000	<1–70
Histoplasmosis (<i>Histoplasma capsulatum</i>)	Midwestern United States	~25,000	28–50
Paracoccidioidomycosis (<i>Paracoccidioides brasiliensis</i>)	Brazil	~4,000	5–27
Penicilliosis (<i>Penicillium marneffei</i>)	Southeast Asia	>8,000	2–75

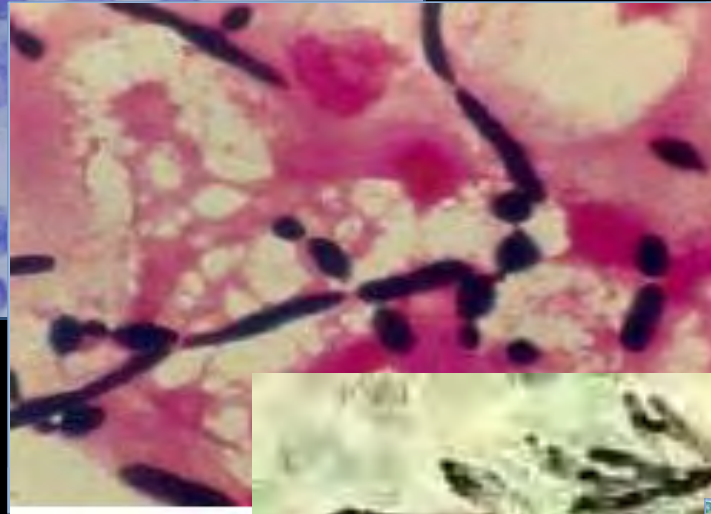
MORTALITE IF



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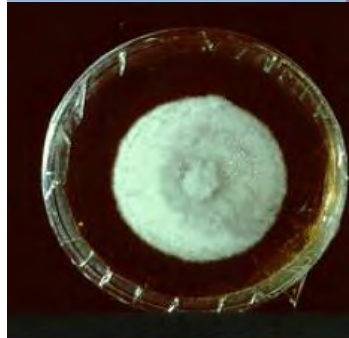
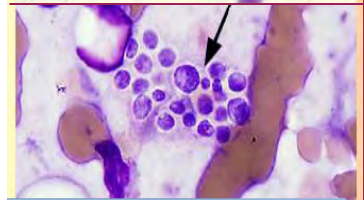
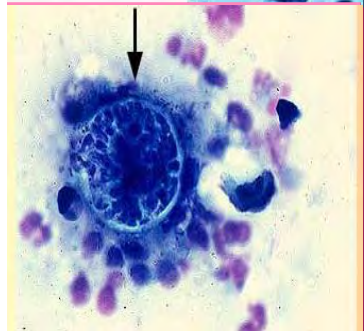
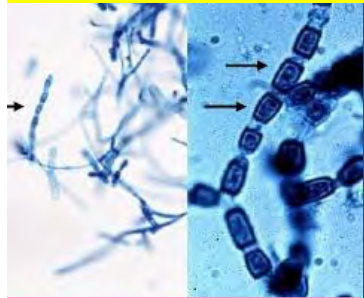


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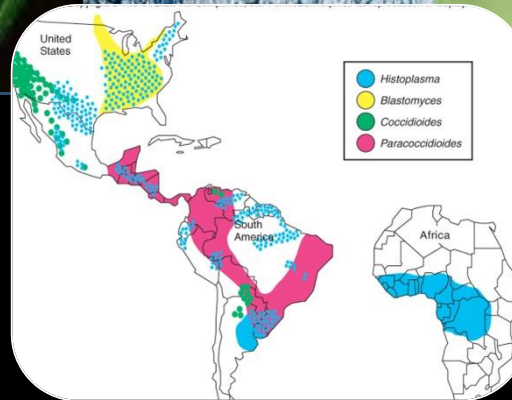
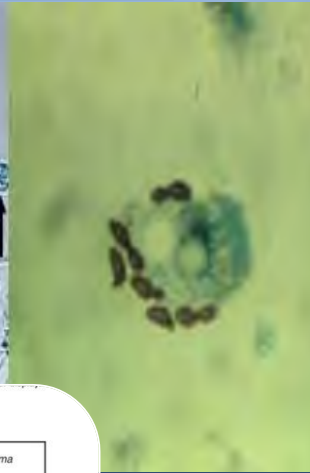


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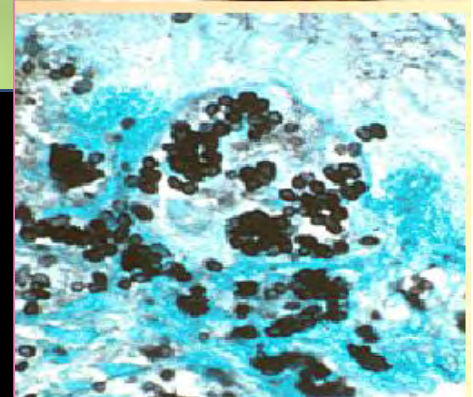
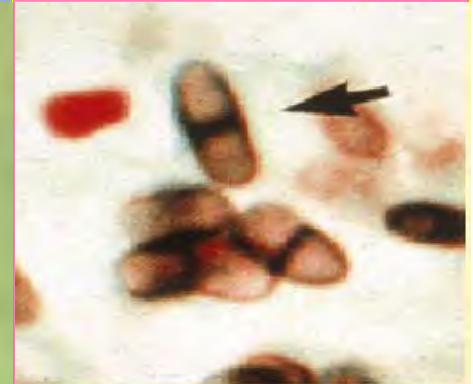
Coccidioides immitis



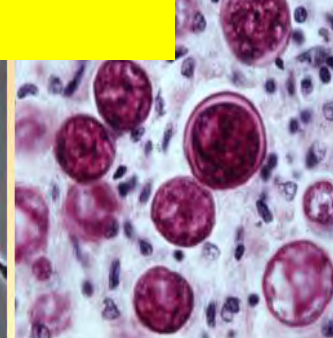
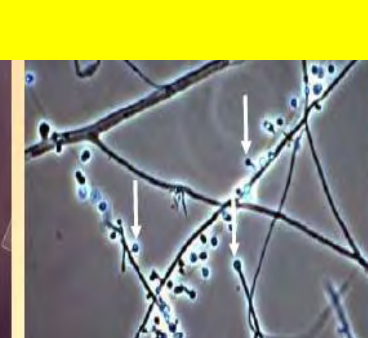
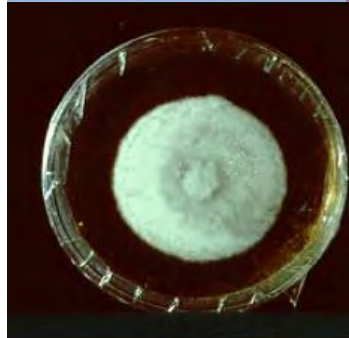
Histoplasma capsulatum



Penicillium marneffei



Blastomyces dermatitidis



CONCLUSION